

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 10/018690		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1						51			
2	1						52			
3		1					53			
4			1				54			
5	1						55			
6		1					56			
7	1						57			
8		1					58			
9			1				59			
10		1					60			
11		1					61			
12		1					62			
13		1					63			
14		1					64			
15		1					65			
16		1					66			
17		1					67			
18		1					68			
19		1					69			
20		19		1			70			
21	1						71			
22		0		1			72			
23		0					73			
24	1						74			
25		1					75			
26	1						76			
27		1					77			
28	1						78			
29		5		1			79			
30		0					80			
31		5		1			81			
32		5					82			
33		5		1			83			
34	1						84			
35		1					85			
36	1						86			
37		1					87			
38		1					88			
39	1						89			
40		5		1			90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			